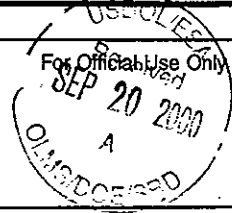


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	0 1 5 - 2 2 6	MO DAY YEAR From 0 7 0 1 1 9 9 9 Through 0 6 3 0 2 0 0 0	

8. MAILING ADDRESS (Type or print in capital letters.)

DANIEL WALSH
CARPENTERS AFL-CIO
DC MURKIN, INDUSTRIAL
404 E MAIN ST NIE 605
GREENSBORO, NC 27401

First Name

Last Name

P.O. Box • Building and Room Number (if any)

Number and Street

City

State

ZIP Code + 4

4. AFFILIATION OR ORGANIZATION NAME

5. DESIGNATION (Local, Lodge, etc.)

6. DESIGNATION NUMBER

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address?
(If "No," provide address in Item 75.)

Yes ☒ No

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number 14	WIPFLI ULLRICH BERTELSON LLP
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:

Laurence J. Delot

PRESIDENT

(If other title, see instructions.)

77. SIGNED:

Daniel R. Walsh

TREASURER

(If other title, see instructions.)

9 / 07 / 00

(920) 426 - 2700

Date

Telephone Number

9 / 07 / 00

(920) 426 - 2700

Date

Telephone Number

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 8 3 9 4
19. What is the date of your organization's next regular election of officers? MO YEAR
0 4 2 0 0 1
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 9.68 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 5.00
(c) Transfer Fees	\$
(d) Work Permits	\$ per (Month, Year, etc.)

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 015 - 226

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash	1	4 9 7 5 9 4	7 7 9 3 7 0
	26. Accounts Receivable		0	0
	27. Loans Receivable		0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	5 3 9 9 8 8	3 1 5 5 4 6
	30. Fixed Assets	5	6 1 3 5 7	8 6 3 1 1
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		1 0 9 8 9 3 9	1 1 8 1 2 2 7
LIABILITIES	33. Accounts Payable	8	0	0
	34. Loans Payable		0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	7 9 3	1 7 2 6
	37. TOTAL LIABILITIES		7 9 3	1 7 2 6
	38. NET ASSETS (Item 32 less Item 37)		1 0 9 8 1 4 6	1 1 7 9 5 0 1

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 1 5 - 2 2 6

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			0	56. To Officers	9		2 0 0 3 0
40. Per Capita Tax			9 4 5 6 3 7	57. To Employees	10		4 2 9 9 3 0
41. Fees			4 5 4 0	58. Per Capita Tax			0
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		1 2 0 2 8 8
44. Work Permits			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies			0	62. Professional Fees			4 0 0 3 4
46. Interest			2 3 4 0 2	63. Benefits	11		1 7 4 0 2 6
47. Dividends			0	64. Contributions, Gifts & Grants	12		3 9 0
48. Rents			0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		2 8 3 3 0 7	66. Direct Taxes			4 9 5 2 2
50. Loans Obtained	8		0	67. Withholding Taxes			2 1 9 5 6 2
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		9 4 0 6 7
52. On Behalf of Affiliates for Transmittal to Them			0	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		3 6 2 9 8 1	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		1 9 0 2 4 2
55. TOTAL RECEIPTS			1 6 1 9 8 6 7	74. TOTAL DISBURSEMENTS			1 3 3 8 0 9 1

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 015 - 226

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	275,166
2. Total Book Value	315,546
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. 1,184 SHS	
(a) FIRSTAR EQUITY INDEX FUND	113,062
18,274 SHS	
(b) FIRSTAR BALANCED INCOME FUND	202,484
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	315,546
Enter the Total from Line 7 in _____ Item 29, Column (B)	

FILE NUMBER: 015 - 2 2 6

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. AMOUNT DUE TO LOCAL UNION	1,726
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 726
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 015 - 226


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	176,608	104,092	72,516	72,516
6. Office Furniture and Equipment	71,198	58,690	12,508	12,508
7. Other Fixed Assets LEASEHOLD IMPROVEMENTS	5,041	3,754	1,287	1,287
8. Totals of Lines 1 through 7	252,847	166,536	86,311	86,311
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. PRUDENTIAL FRANKLIN CUSTODIAN FUNDS - 16,942 SHS	122,627	122,627	108,089	108,089
2. PRUDENTIAL GOVERNMENT INCOME FUND - 11,356 SHS	97,639	97,639	94,034	94,034
3. PRUDENTIAL LIMITED MATURITY FUND A - 5,436 SHS	46,113	46,113	40,011	40,011
4. PRUDENTIAL GLOBAL TOTAL RETURN FUND A - 5,580 SHS	41,104	41,104	38,673	38,673
5. Totals from additional pages (if any)	16,674	0	2,500	2,500
6. Totals of Lines 1 through 5	324,157	307,483	283,307	283,307
			7. Less Reinvestments	0
			8. Net Sales	283,307
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 1 5 - 2 2 6

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. PRUDENTIAL GLOBAL TOTAL RETURN FUND A	40,011	40,011	40,011
2. 3 AUTOMOBILES	52,738	52,738	52,738
3. COMPUTER	1,318	1,318	1,318
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		0
	8. Net Purchases		9 4 0 6 7
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in  Item 34  Item 50  Item 70  Item 75  Item 34					
			Column (C)	with Explanation	Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 1 5 — 2 2 6

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. P E L O T Title P R E S I D E N T	First Name L A W R E N C Status C	1 4 7 2	0	1 4 7 1	0	2 9 4 3
2. K L E I N Title V I C E P R E S I D E N T	First Name D A N I E L Status N	8 5 7	0	9 5 8	0	1 8 1 5
3. R O B E R T S Title C O N D U C T O R	First Name K E V I N Status N	2 2 5 4	0	1 6 9 4	0	3 9 4 8
4. D O E R R Title W A R D E N	First Name S C O T T Status P	3 1 8 6	0	1 3 6 8	0	4 5 5 4
5. D U B E Title T R U S T E E	First Name J E R R Y Status P	1 1 7 6	0	1 3 0 5	0	2 4 8 1
6. M C M U L L E N Title T R U S T E E	First Name B R I A N Status C	2 2 2 9	0	1 8 3 7	0	4 0 6 6
7. N O W I T Z K E Title T R U S T E E	First Name R O G E R Status N	1 6 9 5	0	9 7 5	0	2 6 7 0
8. Totals from additional pages (if any)		113	0	0	0	113
9. Totals of Lines 1 through 8		12,982	0	9,608		22,590
				10. Less Deductions 2 5 6 0		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 2 0 0 3 0		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 1 5 - 2 2 6

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div>1. B U D G E P E T E R</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>B U S I N E S S R E P</div>	5 3 8 3 5	0	4 5 3	0	5 4 2 8 8
<div> <div>Last Name</div> <div>First Name</div> </div> <div>2. C H R I S T E N S O N G I G</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>B U S I N E S S R E P</div>	1 1 0 5 0	0	6 6 5	0	1 1 7 1 5
<div> <div>Last Name</div> <div>First Name</div> </div> <div>3. C O E N E N G R E G</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>B U S I N E S S R E P</div>	4 9 0 2 5	0	1 6 8 9	0	5 0 7 1 4
<div> <div>Last Name</div> <div>First Name</div> </div> <div>4. S C H U L T Z L O W E L L</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>B U S I N E S S R E P</div>	4 9 0 2 5	0	1 4 8 0	0	5 0 5 0 5
<div> <div>Last Name</div> <div>First Name</div> </div> <div>5. K E N N Y M I C H A E L</div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div>B U S I N E S S R E P</div>	2 7 0 1 0	0	2 2 5 2	0	2 9 2 6 2
6. Totals from additional pages (if any)	401,260	0	26,586	0	427,846
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	14,511	0	8,091	0	22,602
8. Totals of Lines 1 through 7	605,716	0	41,216		646,932
			9. Less Deductions 2 1 7 0 0 2		
Enter the Total from Line 10 in..... Item 57 ⇨			10. Net Disbursements 4 2 9 9 3 0		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 1 5 - 2 2 6

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION PLAN	UBC/WI CARPENTERS	96,358
2. HEALTH INSURANCE	WI CARPENTERS	68,634
3. MEDICAL EXPENSES	VARIOUS	3,593
4. INSURANCE	VARIOUS	5,441
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 7 4 0 2 6
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. MISCELLANEOUS	390
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3 9 0
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. TELEPHONE	24,964
2. AUTO EXPENSE	16,198
3. UNION ORGANIZING	20,964
4. RENT AND UTILITIES	13,755
5. PRINTING AND NEWSLETTERS	16,513
6. OFFICE SUPPLIES	5,833
7. Total from additional pages (if any)	22,061
8. Total of Lines 1 through 7	1 2 0 2 8 8
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. UBC GRANT	327,500
2. MISCELLANEOUS	35,481
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 6 2 9 8 1
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. AFFILIATIONS	50,900
2. CONVENTION EXPENSES	21,102
3. CONFERENCES AND SEMINARS	53,162
4. TRAVEL	56,873
5. MISCELLANEOUS	8,205
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 9 0 2 4 2
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
MIDWESTERN INDUSTRIAL COUNCIL

ENDING DATE OF PERIOD COVERED:
6/30/00

FILE NUMBER: 015 - 226

PAGE 1 OF 3 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name S E A Y First Name L A R R Y Title T R U S T E E Status N		1 1 3	0	0	0	1 1 3
Last Name H A R T M A N First Name K E I T H Title W A R D E N Status N		0	0	0	0	0
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Totals		113	0	0	0	113

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						

ORGANIZATION NAME:
MIDWESTERN INDUSTRIAL COUNCIL

ENDING DATE OF PERIOD COVERED:
6/30/00

FILE NUMBER: 015 - 226

PAGE 2 OF 3 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: GROVE First Name: JOHN Position: ORG DIRECTOR Name of Affiliated Organization:	55350	0	7103	0	62453
Last Name: GRINA First Name: LEIF Position: ED DIRECTOR Name of Affiliated Organization:	54325	0	2379	0	56704
Last Name: WALBRUN First Name: DANIEL Position: EXECUTIVE SEC Name of Affiliated Organization:	67575	0	3003	0	70578
Last Name: SCHRAGE First Name: RHONDA Position: ADMINISTRATIVE Name of Affiliated Organization:	30740	0	397	0	31137
Last Name: SALZWEDDEL First Name: ROGER Position: ORGANIZER Name of Affiliated Organization:	49025	0	1900	0	50925
Totals	257,015	0	14,782	0	271,797

ORGANIZATION NAME:
MIDWESTERN INDUSTRIAL COUNCIL

ENDING DATE OF PERIOD COVERED:
6/30/00

FILE NUMBER: 0 1 5 — 2 2 6

PAGE 3 OF 3 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name: A D A M S First Name: J A Y N E Position: O R G A N I Z E R Name of Affiliated Organization:		4 5 8 2 5	0	4 8 4 2	0	5 0 6 6 7
Last Name: B A E R T H E L First Name: L E O Position: O R G A N I Z E R Name of Affiliated Organization:		4 9 0 2 5	0	4 0 2 4	0	5 3 0 4 9
Last Name: H A L B A C H First Name: J E F F Position: O R G A N I Z E R Name of Affiliated Organization:		4 9 3 9 5	0	2 9 3 8	0	5 2 3 3 3
Last Name: First Name: Position: Name of Affiliated Organization:						
Last Name: First Name: Position: Name of Affiliated Organization:						
Totals		144,245	0	11,804	0	156,049

Schedule 6 - Sale of Investments and Fixed Assets

Description (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1 Automobile	16,674	0	2,500	2,500

Schedule 13 - Office & Administrative Expense

Description (A)	Amount (B)
Committee expenses	18,953
Subscriptions	2,199
Temporary organizing	909
	22,061

